

ATTACHMENT C

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <u>dental</u>	DATE: <u>12-3-01</u>
FROM: <u>Michael Hill</u>	REGISTER NO.: <u>40420-133</u>
WORK ASSIGNMENT: <u>Laundry</u>	UNIT: <u>A-A</u>

SUBJECT: Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I came here from U.S.P. Lompoc where earlier this year during a dental examine two cavities where found and one of those were subsequently temporarily filled. Before I could come up ^{ON} there list to get both of these permanently filled I was transferred here therefore I would like to have this taken care of the temporary fill is coming loose. Also if I could be placed on your list for cleaning I would gladly appreciate it.

(Do not write below this line)

DISPOSITION:

Your name has been added to the waiting list. Please watch the call-outs.

FCI McKean

Signature Staff Member

Date

D. Tanner, HIT

****SENSITIVE****

LIMITED OFFICIAL USE

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

